

SPECIAL NOTICE
READ THIS BEFORE COMPLETING THE ATTACHED FORM

1. DESTINATION

List all locations (in-country travel sites and layovers)

2. PURPOSE

Attach relevant backup materials including letter of invitation if appropriate, and provide in-country contact and telephone number

3. BENEFITS

Provide details on how this travel will benefit the agency's domestic program

4. FUNDING - PLEASE ANSWER ALL QUESTIONS

- NRCS funds: check appropriate box; if NHQ, indicate which Division
- Government agency funding: specify which; e.g., AID
- Non-Government funding: specify the source; e.g., a university

5. COST ESTIMATE

For lodging and M&IE, contact Department of State Web page at www.state.gov/m/a/als; click on "Foreign Per Diem Rates."

6. ACCOUNTING CODES

Originating Office Number (OON) (AG1616 plus 4 digits) Accounting Code (0502T plus 2 digits). If you do not know your OON, check with your administrative officer.

7. PASSPORTS

Indicate whether or not you have official and personal passports. Complete the date and place of your birth.

8. APPROVALS

Obtain approvals of immediate and second-line supervisors

PLEASE KEEP THE FORM, INCLUDING SIGNATURES, ON ONE PAGE. IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.

COMPLETE THE ENTIRE FORM. DO NOT GUESS OR LEAVE SECTIONS BLANK BECAUSE THIS WILL CAUSE DELAYS IN TRAVEL APPROVALS.

QUESTIONS SHOULD BE DIRECTED TO MARITA McCREE at (301) 504-2271.

**NATURAL RESOURCES CONSERVATION SERVICE
INTERNATIONAL PROGRAMS DIVISION (IPD)**

Name:	Title:	Duty Station:
Grade:	Work Phone:	Fax:
Voice Mail:	E-Mail	
Work Address:	Emergency Contact/Phone Number:	Annual Leave Plans: Yes___No___ (Attach approved leave slip)
		Residence (City/State/Phone):

Destination:	Estimated Travel Dates:
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Purpose (attach invitation if appropriate and in-country contact--name, title, and phone number):

NRCS Benefits:

Funding Source: NRCS: Center___State___ NHQ(Specify Div.)_____	
Other: Government_____	Non-Government_____
Estimated Cost: (include airfare, lodging, M&IE, registration fees, etc.): _____	
Originating Office Number: _____	Accounting Code: _____

Official Passport Owner: Yes___ No___	Personal Passport Owner: Yes___ No___
Date of Birth: _____	Place of Birth: _____

APPROVALS:	DATE:
IMMEDIATE SUPERVISOR_____	_____
SECOND-LINE SUPERVISOR_____	_____
DEPUTY CHIEF_____	_____
ETHICS APPROVAL (if needed)_____	_____
IPD DIVISION DIRECTOR_____	_____

FAX COMPLETED FORM TO IPD AT (301) 504-0382